

OLD PERMIT NO. _____

NEW PERMIT NO. _____

FOR OFFICE USE ONLY



**CITY OF BOSTON
TRANSPORTATION DEPARTMENT
OFFICE OF PARKING CLERK**

RESIDENT PARKING PERMIT APPLICATION AND AFFIDAVIT

DATE: ____/____/____

NAME: _____
 LAST FIRST INITIAL

ADDRESS: _____
 STREET NO. STREET NAME APT NO. ZIP CODE

-
HOME PHONE: _____ WORK PHONE: _____

LICENSE PLATE: _____ VEHICLE YEAR: ____ _ VEHICLE MAKE: _____

I, HEREBY SWEAR, UNDER PENALTY OF PERJURY THAT THE ABOVE
INFORMATION IS CORRECT AND THAT THE APPLICANT IS THE RESIDENT OF THE
CITY OF BOSTON RESIDING AT THE ADDRESS ABOVE AND THAT THE ABOVE
REFERENCED VEHICLE IS REGISTERED AND PRINCIPALLY GARAGED AT THE
ABOVE ADDRESS.

SIGNATURE OF THE APPLICANT

DATE THIS _____ DAY OF _____ 20____